

Intervention: Streamlining Medicaid's administrative procedures for oral health care

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

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|---|---|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input checked="" type="checkbox"/> State public health departments | <input checked="" type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Adjusting Medicaid's administrative procedures for oral health care to more closely mirror the private sector is one frequently proposed method of increasing access to care. According to the American Dental Association (ADA), a number of states are already exploring strategies to streamline the management and administration of their public programs. These strategies include:

- Operating state-run, fee-for-service programs with simplified administration and improved resources
- Contracting with a single vendor for program management, including: fee-for-service reimbursement, management of a participating dental network, and full program administration
- Contracting with one or more vendors to address specific components of the program (administrative and operational)

Findings from the systematic reviews:

There was insufficient evidence to determine effectiveness for this intervention. Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Limitations/Comments:

Initial evaluations of sample programs that have utilized these strategies have demonstrated a positive impact on oral health access. However, because few of these programs have undergone rigorous quantitative evaluations, the extent to which their success depends on the changes in administrative procedures versus other program components remains unclear.

Additional information:

Creating incentives for geographic redistribution of existing providers, increasing the number of oral health care providers, cultural competency training for providers, and adjustments in Medicaid reimbursement rates are other commonly recommended methods of increasing the availability of oral health care for underserved populations. Specific interventions relevant to [redistribution](#), [increasing providers](#), [training](#), and [Medicaid reimbursement](#) are outlined elsewhere on this site.

References:

American Dental Association (ADA). State and community models for improving access to dental care for the underserved - a white paper. 2005. Available online at: www.ada.org/prof/resources/topics/topics_access_whitepaper.pdf. Accessed June 20, 2005.

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